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ABSTRACT

This report contains the principle addresses on the conference topics of the relationships between education for the professions and practice, and between professional examinations and practice. Remarks of commentators about the addresses are also included. In the first speech, essential components of professional education are discussed. The characteristics of the professional in any field are described. It is pointed out that the state's proper concern in accrediting, licensing, or certifying should be directed toward that part of the professional curriculum which prepares students for a long-term professional career. The relationship of credentialing examinations to professional practice was the topic of the second speech; discussed were the difficulties of developing completely equitable licensing examinations. It was pointed out that, in statutory credentialing (the responsibility of the state regulatory agency), the credential is intended to signify to the public that the state considers the practitioner to be safe to practice. In discussing professional regulation in an age of deregulation, the third speaker says: "The state's concern, either through public or private agencies, must continue to be to assure the public that individuals permitted to practice a profession possess the skills, knowledge, and abilities necessary to safely practice that profession at entry level." (JD)

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CONFERENCE ON THE PROFESSIONS

Professional Education, Professional Examinations and Practice—Defining the Right Relationships

Sponsored by

The Board of Regents
The University of the State of New York
The State Education Department
Albany, New York 12230

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November 18, 1981
New York Sheraton Hotel
New York City

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March 1982

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FOREWORD

In New York and most states, the practice of many professions is subject to regulation through the licensure of practitioners, statutory definition of an authorized scope of practice, the enforcement of rules of professional conduct, and otherwise--all in the interest of safeguarding the public. The issuance of a license to practice, and the threat of withdrawing a license in event of wrongdoing, provide the states' principal means of control.

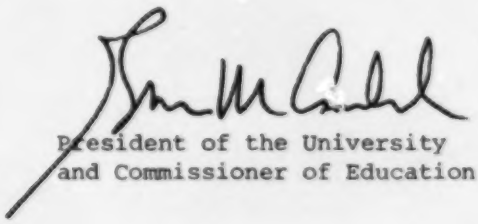
In recent years public attention has been focused increasingly on the fact that restriction of practice through licensure has the effect of limiting the supply of professional services. While the public objective in adopting licensing requirements is to assure the public well-being, the effect of licensure is also to limit the supply of providers. Thus, throughout the country public attention has been brought to bear increasingly on state requirements for licensure, particularly on educational and examination requirements. Concerns have been expressed whether those requirements are dictated by the needs of the practitioner for particular knowledge and skills or whether they may be more the result of history and inertia incorporating topics long outmoded by new discoveries or techniques, or simply by social and economic change. Some have charged, indeed, that educational and examination requirements are the product of professional pressures to limit the supply of practitioners in order to assure full and rewarding employment for those already licensed.

If state requirements for education and examination are, indeed, mere products of bygone times or, worse, are merely thrown up as roadblocks to restrict entry of qualified new practitioners, the entire basis for state regulation--licensing--is in jeopardy whatever the risks to the public that unregulated entry and practice might involve. Thus, the relationships between education for the professions and practice, and between professional examinations and practice, were selected for consideration at the 1981 Conference on the Professions, a working session convened from time to time by the Board of Regents and Education Department for members

of New York's twenty professional boards and interested persons from professional societies, executive and legislative agencies, and others. An additional, related topic at the Conference dealt with state regulation versus voluntary action for public protection.

This report includes the principal addresses on the Conference topics and the remarks of commentators on the addresses dealing with professional education and professional examinations. Conference participants had the opportunity following the addresses to meet with colleagues from other professional fields in small discussion groups, and subsequently to meet for informal discussion with members of the Board of Regents, aspects of the Conference not reported here.

The Regents and Education Department--and indeed all in attendance at the Conference and who will have access to these addresses through this report--are indebted to the speakers for timely information and valuable suggestions on these important issues.



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About the speakers...

Dennis S. Falk is Executive Director, National Commission for Health Certifying Agencies. Mr. Falk has his BA Degree in Economics and Psychology from Hunter College of The City University of New York, training in hospital administration at the New York University Graduate School of Public Administration, and the MBA Degree in Health Care Administration from Baruch College. Mr. Falk has held a number of positions as an administrator in health care agencies. His affiliations have included appointment with Bergen Pines Hospital, Rockland State Hospital, Montefiore Hospital and Medical Center, George Washington University Medical Center, University Affiliated Health Plans and Health Systems Associates. The National Commission, which he has headed since 1978, among other functions, sets standards for competency evaluation programs in the health occupations field and monitors activities of some 40 health-related credentialing organizations.

Laurie M. Maurer is a present member and past Chair of the New York State Board for Architecture. Following her graduation from Pratt Institute with honors she interned with two prominent architectural firms, and for the last 17 years has practiced as a partner with her husband, also an architect. They have been recognized with several design awards. Mrs. Maurer found time also to teach at Pratt for 16 years while maintaining involvement in many professional activities. She served as representative for the mid-Atlantic states on a task analysis and examination validation study sponsored by the National Council of Architectural Registration Boards, in which capacity, from July 1979 through June 1981, she attended 24 meetings, occupying 60 days in travel and meeting time.

John Rugge, M.D. is the Executive Director of the Hudson Headwaters Health Network, Warrensburg, N.Y. Dr. Rugge obtained his undergraduate education at Williams College and continued with studies at Harvard before obtaining his M.D. degree from Yale University. He is a diplomate of the National Board of Medical Examiners and of the American Board of Family Practice. In his present position Dr. Rugge coordinates four rural health centers using a team approach to deliver comprehensive primary care in a medically underserved area. He also serves as a

school physician, health officer and as clinical instructor in the Departments of Family Practice at Albany Medical College and at Upstate Medical School.

Raymond D. Salman is president of Ray Salman & Associates, a private consulting organization in Atlantic Beach, Florida, specializing in credentialing, problems of professional licensure and comparative education issues. Until October 1981, he was Director of Professional Licensing for the State of New York, a position he held for more than a decade. He has a doctorate in psychology, and was the first full-time Executive Secretary of the New York State Board for Psychology. Dr. Salman has served as a consultant on professional licensing to the U.S. Departments of Labor, State, and Health and Human Services. He was a member of the Standards Committee of the National Commission for Health Certifying Agencies and continues as a consultant to that organization. A former Commissioner with the Dental Hygiene Commission for Assurance of Competency, Dr. Salman has also served as adviser for studies of occupational licensure undertaken for the Department of Labor and the Council of State Governments and has provided testimony on credentialing proposals before a number of state governments and professional associations.

George H. Sorter is the Vincent C. Ross Professor of Accounting and Chairman of the Department of Accounting, Taxation and Business Law at New York University. In addition to 19 years teaching, he has served as Director of the Doctoral Program and Director of the Institute of Professional Accounting in the Graduate School of Business, University of Chicago. The recipient of numerous awards and honors, Dr. Sorter is widely published in the accounting field, including as author, co-author or editor of nine books. He has served as consultant to and officer or member of numerous organizations, and continues his participation in a variety of educational and professional activities. In 1979 he was the recipient of the Outstanding Accounting Educator Award of the American Accounting Association.

Professional Education/Professional Practice: Defining the Right Relationship

George H. Sorter

Defining the right relationship between professional education and professional practice is a challenge I have lived with all my life. In one way or another, I have experienced most professions, from my one year in medical school, to being on the faculty of the University of Chicago Law School, and of course, to spending almost thirty years of my life concerned with professional accounting education, with more than occasional sidetrips into accounting practice. Things you have lived with, experienced deeply, and care about passionately are not easily reduced to words or put on paper.

The FEELING about such subjects interferes with the THINKING about them. In order to let objectivity reign and cure emotional affliction, Webster is invaluable. It is hard to feel passionate about a Webster definition. The one obvious relationship between professional education and professional practice is that they both share a common adjective--professional. A convenient start, therefore, is the definition of "profession."

> PROFESSION--a calling requiring specialized knowledge, and often long and intensive preparation, including instructions in skills and methods, as well as in the scientific, historical, and scholarly principles underlying such skills and methods; maintaining by force of concerned opinion, high standards of achievement and conduct and committing its members to continued study and to a kind of work which has for its prime purpose, the rendering of a public service.

In light of this definition, professional education would appear to require three components: a preparatory phase, which includes not only specialized knowledge in skills and methods, but also in the principles which underly them, and which sets the stage for the continued study a professional is committed to; a subsequent phase, which provides for continued study aimed at maintaining high standards of

achievement; and a third phase, which spans both and allows the professional, dedicated to public service, to consider both public and private values. Professional education can be contrasted both with vocational and with scholarly education.

All these forms of education may be termed career-oriented education in the sense that the major objective lies in enhancing the working or career side of life as opposed to liberal education directed toward enhancement of the personal side of life without specific career objectives. It goes without saying, but bears saying anyway, that liberal education, and the attendant personal development, are essential cornerstones for all careers and all career-oriented educations.

Vocational education would seem to be mainly preparatory and principally concerned with skills and methods, rather than underlying concepts, oriented toward private values, and probably can best be carried out outside of the Academy, basically under an apprenticeship system.

Scholarly education is also private value oriented; is not at all concerned with shills and techniques, even when it should be, because techniques such as pedagogy and writing would appear essential for the scholar's life; is solely concerned with "scientific, historical, and scholarly principles"; and while lifelong, takes place almost exclusively within the walls of the Academy.

Professional education, on the other hand, would seem to require an extraordinary balancing act. It is concerned with skills and methods and underlying principles; it has both a preparatory and a continuing phase; and it must provide for a balancing of public and private values. Clearly, professional education must take place both within and without the academy, and wherever it takes place, requires an intimate association between professor and professional. This leads to a quandary.

It almost certainly is true that, given all these balancing requirements, all the various individual phases of professional education are and should be out of balance, in order for the combination to be harmoniously in balance. But this

flies in the face of all our conceits and delusions of grandeur, and would require all of us to admit that we, professor and professional, cannot and should not do it all and, thereby, do all of it poorly; but, that we should undertake a dispassionate analysis where each of our comparative advantages lie and cheerfully leave to the other segment what it does best.

But free trade is an illusory ideal and protective tariffs tend to be built up, even for education and the professions. Medicine has, perhaps, done best in this regard, but in the other professions, and certainly in accounting, we have not undertaken a serious study of what a proper division of labor should be. In my opinion, the university is <u>overinvolved</u> and tries to do too much in the preparatory phase and is <u>underinvolved</u> in the continuing phase; the professions are <u>underinvolved</u> in the preparatory phase and <u>overinvolved</u> in the continuing phase, where illusory visions of proprietary rewards appear incredibly seductive, and both tend to ignore public service aspects except when they feel threatened.

This is not the proper forum, and I am probably not dispassionate enough to analyze in detail where the comparative advantage for each phase of professional education lies, but I think it is arguably true that professional academic education should primarily concern itself with building a framework of concepts and principles that allows the professional to organize and understand the experiences of his professional life, to learn from them and. thereby, develop that professional judgment, that professional feel that comes only with experience, and be able to help communicate and teach it to his juniors.

I would be the last to deny the power, magnitude, or reality of the art aspect of the professions, but in most cases, I believe this art to be based on and made possible by an underlying scientific conceptual framework. The art of the profession can, I believe, not be learned well in the academy, Harvard to the contrary--not even by the case method--just as concepts are not well-learned in the field. This is not to say that a professional curriculum should only consist of esoteric concepts or that skills and techniques should not be learned in the academy, but rather that they should be and can be taught conceptually so that we understand not only the techniques of today, but can transfer our skills easily to the technology

of tomorrow. If I had time, I could give you examples of this in my field where seemingly prosaic everyday techniques and conventions can best be explained and understood, as responses to basic and enduring principles, but that must be reserved for another time. Suffice it to say that we train not only interns, associates and junior accountants, but even more importantly, the embryo internist, partner, or principal that they are expected to become.

Accepting these principles call into question the State's role in accrediting or certifying programs. Conceding that the State has a role and, regardless of possible personal attitudes to the contrary, will continue to have a role, it seems to me that the State's major emphasis should be directed away from those parts of the curriculum that are testable by professional entry-level qualifying exams such as the CPA or Bar exam. Why <u>have</u> the State register programs, for instance, leading to the CPA examination? The success or failure to those limited curricular objectives are testable by the passage rate at the examination, and to have a professional entry-level examination <u>and</u> State certificate of programs of study leading to that examination appears to be redundant and costly. Prospective students can be adequately informed about these curricular objectives through publishing examination results of graduates of the various schools. If the problem consists of hordes of unqualified candidates sitting for the examination (which I doubt), this can be controlled by a larger fee, part of which is refundable if a certain minimum score is obtained.

The State's more proper concern should be directed toward that part of the professional curriculum which prepares students for a long-term professional career, rather than an entry-level job; which primarily deals with concepts and principles, with stimulating intellectual curiosity, and with providing a basis for future life-long development. Admittedly, it is harder to establish a basis for judging the adequacy of a program in terms of these objectives--since the creativity, quality, and dedication of faculty may be more meaningful than the catalog description of a course. For example, a course in logic may be far more relevant for the life-long accounting professional than a course in drugstore accounting, and an innovative professor who stimulates intellectual curiosity is more important than a fourth course in social work practice, but surely there are qualitative criteria and/or tests that could be devised to provide indications of how a program

performs in this regard. Even more important is the State's role in helping to establish a facilitating environment for the much more ambiguously defined role of continuing education and for establishing a partnership in this activity between the universities and the professions. Certainly, such an environment is not established by mandating certain minimum continuing education credits and then awarding these credits for activities that can most charitably be described as "Mickey Mouse."

Not only are there legitimate questions as to what each sector ought to do in professional education and what the State's role ought to be, but the existing relationship between professor and professional is far from optimal. Professors tend, often, to disdain what the professional does, and the professional heartily returns the disdain, even though masked. I have yet to meet a professional who is not convinced that he could easily walk into class at the end of a work day and without preparation give a superb class, far superior to what a scrambled egghead could and does do. Arnold Weber, now president of the University of Colorado, once greeted the inevitable and immutable challenge from a pupil, "Hey, Prof, have you ever met a payroll?", with "Hey, Pupe, have you ever met a class?" Actually, both meeting a payroll and meeting a class represent non-trivial accomplishments and we must do much better than we have been able to so far to utilize the professor in meeting the payroll and the professional in meeting the class.

In every profession, except probably medicine, the professional deplores the professor's lack of concern with relevant professional problems, and the professor's students' lack of knowledge of relevant professional issues, but very few professions provide meaningful opportunities for professors to deal with professional problems and address professional issues. The professor, on the other hand, deplores the professional's disinterest and disdain of academic research without making any attempt to translate that research from jargonese or to provide guideposts as to how such research could be relevant.

When professionals are asked to teach, they are generally viewed as inexpensive teaching fodder, put into the classroom without much ado or preparation and without any attempt to integrate the adjunct professor into the academic community. By way

of example and not limitation, as our lawyer friends would say, it would be much better for the professional and professor to co-teach so that they can sensitize each other, and through ripple effects reach a much broader audience than one class. The university must take pains to make the professional part of the academic community and include him in workshops, seminars, and research activities, while the professions need to develop significant opportunities for professional activities for the professor. It is clear, at least in my profession, that much must be done in this area for professional education in its various phases to function effectively. We have attempted to address this problem at N.Y.U. by recruiting high-level professionals to co-teach, to present and attend workshops, to help take part in curriculum design, and instead of assuming responsibility for a given section of a particular course, to lecture on subjects of their expertise in all sections of several courses.

Let me turn from who should play what role in professional education to a discussion of the unique qualities demanded of a professional, which should be developed through professional education and which require the efforts of all segments of the profession.

The first unique characteristic of professional decision-making is that it necessarily requires objective knowledge and <u>subjective intuition</u> or, perhaps, more felicitously phrased, <u>clinical judgment</u>. The skilled craftsman primarily relies on habit in performing his task; the scholar can and does research a topic to death until sustainable and persuasive solutions result. The professional, on the other hand, again must be a balancer. He must, when faced with a problem, research the issue, but he does not have the luxury of unlimited research. Decisions must be made, treatment started, a case argued, or financial statement issued before the last doubt is resolved and while significant uncertainty remains. The professional must know when to search and when to stop, when to rely on clinical judgment and when not, when to wait and when to act. This requires a talent for diagnosing the cost and benefit of additional information, a fine sense of judgment concerning the transaction costs of obtaining information. When we say that what is right in theory is not always right in practice--an odious saying, by the way--what we generally mean by "right in theory" is, what should be done <u>without</u> considering transaction costs, without regard to either outlay or opportunity cost;

while when we say "right in practice," we consider the transaction costs of reaching our decisions.

We have courses for decision-making under uncertainty, but none that deal with decision-making under incomplete theories and insufficient data. The scholar can wait for the theory to be developed, the data to be gathered; the craftsman doesn't need the theory or data; the professional needs it, but cannot wait, at least not too long. Professional education must, I think, consider this problem seriously, and it is apparent that the solution can only be arrived at by meaningful interaction between the profession and the University in helping to achieve an understanding of the costs and benefits involved and how to deal with them.

The second unique characteristic of the professional is that he must necessarily be a communicator, translator, and interpreter. He performs a public service by utilizing a highly complex and arcane knowledge and procedures. Thus, he must have the ability to abstract and explain the mysteries, the power, and limitations of his art in an understandable manner to the recipient of his services. He should also be able to pass on to his juniors the insights gained through his experience. He must, therefore, necessarily be a teacher both of the public and of his peers. Need it even be mentioned that this, again, requires the closest of interactions between the two arms of the profession.

A third unique quality is that the professions require research. Both practitioner and professor must engage in research, and it seems rather obvious that it would be mutually advantageous if each understood and valued what the other did. Professional research is not restricted as to type of research, although I consider strictly methodological research, where the elegance of the method is the only criterion, as inappropriate for professional disciplines. This is demonstrated by the famous Freud story of a man who continually polishes his glasses and, therefore, never puts them on. Another Freud story of the man who lost his wallet in a dark alley but searches for it on the street corner a block away because the light is better there, demonstrates our current, all too prevalent habit in the universities of suiting problem to method, rather than method to problem--a habit which the professional researcher is duty-bound to reject.

All other types of research, I think, are appropriate for professional academics, but I believe that a substantial portion of professional academic research should be of the "detached relevant" type. By that I mean, research that arises from practice but must and can be removed from the frenetic professional world to the somewhat more detached and dispassionate world of the academy. All professional research, of whatever type, must have one distinctive quality--a translation must be provided. The professional academic has this obligation that other academics do not have. Traditional scholars have the luxury of being able to direct their research findings mainly to fellow scholars in the narrow field of their specialization. Professional academics have an absolute obligation to communicate, explain, and interpret their findings to the practicing professional who has the same obligation to explain to his clients.

Another unique characteristic of the professional is that his career is marked generally by a very sharp ascent followed by an incredibly long plateau. The adjustment from the exhilarating stage of becoming to the prolonged state of being is not an easy one and has plagued all professions including teaching and ought to be addressed jointly by the professor and the professional.

I have left to the last the most vexing of the attributes demanded of the professional. His dedication to public service and, therefore, the need to be able to evaluate both private and social costs and benefits. I think the emphasis in this area has often been misdirected. We hear lots about legal, medical, or other professional ethics, and this is clearly an area of appropriate concern for professional education. But it must be understood that if a super-ego has not developed by the time a student is in a professional school, it is unlikely to emerge as a result of courses in ethics. What can and should be done is to help develop a framework for identifying divergent ethical considerations and resolving ethical conflicts? Do ends ever justify means? Is it ethical to impose your value system on others? To what extent is it ever appropriate to exercise the potential for paternalism afforded by your professional status and the professional process? This should lead to a dialogue.

One quality, not exclusive to the professional, but one he must possess and has special significance for him, is that in order to function effectively, he must, I think, be able to function comfortably in a probabilistic, not deterministic universe. This is not an easy thing to do. A professional must, I think, learn to dismiss the good and bad fairy concept of the world as well as the concept of a world of absolute causality. The good and bad fairy world is a world where outcomes are determined by the capricious whims of the gods; "Lady Luck be with me tonight." The world of absolute causality is one where we are totally in control, where outcomes are solely determined by our actions; "What have I done to deserve this?" Both these worlds appear seductive and attractive in many aspects. Unfortunately, they do not exist. We must learn to accept a world of probabilistic causality, a world where we and especially the professional can affect the probability of outcomes, but not determine the outcome. This is the world we must teach our practitioners and clients to accept--that a professional is neither God nor helpless.

I think, perhaps, much of this can be summed up by a wise saying that I uncovered during a phase of my life when I was a tournament bridge player. A wise bridge maven defined a winning bridge player in a manner not inappropriate for describing a winning professional, "Someone who recognizes the difference between the best possible solution and the best solution possible."

The aim of professional education is to develop such a professional, one who has the knowledge of concepts and principles to determine what is the best solution, best both in terms of personal and social values; who has the knowledge and skills also to determine and provide the best solution possible; who realizes that not all things are possible; and who has the capacity to adjust as the set of best solutions possible changes due to changing knowledge and technology; one who views himself in a realistic manner and finds satisfaction in what he does and realizes his limitations. All of this is, of course, a tall order indeed that can only hope to be accomplished by a meaningful interaction between practice and academy, where each is willing to value the other, and where the State helps in making possible such an interactive environment.

Returning to the title of this paper, as to the right relationship between professional education and professional practice, I recall a quote used by

Mr. Brademas when he was recently inaugurated as President of N.Y.U. He quoted Alfred North Whitehead as saying, "Celibacy does not suit a University--it must mate with action." More is required here, as far as the professions are concerned. Mating is not sufficient. Education and practice must join together in a PASSIONATE ENDURING EMBRACE.

Comments: John Rugge, M.D.

As a physician, I have the privilege of coming before you today as a practitioner of what is probably the world's second oldest profession. As I understand it, the New York Regents have no responsibility for credentialing or licensing the very oldest--that of course being theology. Nonetheless, I would like to point out that one branch of medicine long ago evolved from the priestly function and that, more recently, another branch, surgery, evolved from the old and venerable profession of barbering.

These reminders may be helpful because we--all of us--are caught up in a time of confusing and fast-changing professional roles. Professionals today are expected to master knowledge and technologies barely dreamed of at the time of their training. Even more unsettling, entirely new professions have emerged to meet needs that the established professions seem to have neglected or given short shrift. And other professions, perceiving those same needs and also responding to strong currents sweeping the society at large, are seeking to expand their roles in directions quite unimaginable even a generation ago. In the midst of such ferment, how is anybody--educator, practitioner, or regulator--to know how to relate education to practice? In New York State, this question takes its most pointed and difficult form when it is addressed to the Board of Regents whose duty it is to define the qualifications and scope of practice for so many learned professions.

In addressing the relationship of licensure to the realities of professional practice, I necessarily speak from personal experience. Let me tell you, very briefly, what that experience has been. Seven years ago, I entered practice in a medically underserved area in the Adirondack Mountains. Since that time, I have been involved in the development of a rural health network--a little microcosm of a health care system that offers primary care to some 15,000 people living in a 500 square mile area. During my tenure, I have seen the last of the GPs disappear from the territory. Our health centers introduced to this area its first "new health professionals," in our case physician assistants. Since then, we have added

another practitioner who by background was somewhat more familiar to our public but at the same time one whose professional status remains profoundly ambiguous: she is a nurse practitioner. At the time of my arrival physicians were almost impossible to recruit. This year, in part because of the Network's own success, but also because the beginning of the doctor glut is upon us, our Network has turned down six qualified physicians in search of work.

During my absence on this Wednesday, various of my patients will be seen and treated by a physician, a physician assistant, and a nurse practitioner. What do those patients have a right to expect? Dr. Sorter has provided the answer. They have a right to expect men and women commanding special knowledge and technical skill, trained in science, and informed by enduring principles of service to others. They have a right to expect professionals who are faithfully updating their own education--a difficult task when it sometimes seems that simply oversleeping may put one hopelessly behind on the learning curve. And, I might add, my patients have the right to expect these practitioners to have a sharp sense of their own limits and the humility to acknowledge them.

Adam Smith and the philosophers of capitalism claim that in the free enterprise system, each person serves the public good by seeking his own selfish interest. However much that assertion may be guilty of overstatement, there is legitimate reason to believe that each professional by pursuing success within his own profession is indeed benefiting the larger society. This is the genius of professionalism; and the energy, the conscientiousness, and the freedom of inquiry that derive from it must never be endangered by the frequently clumsy and heavy hand of government.

Does this mean that the professions should be granted total autonomy? That the State has no appropriate role in evaluating and credentialing the graduates of its schools and universities? Unfortunately, it does not. In fact there should probably be a law that, the more rarefied and the more esoteric a helping profession becomes, the more it needs contact with a public body charged with setting minimum standards for education, concerned about integrating education with practice, and authorized to establish boundaries with other professions.

Are minimum standards really necessary? There can be no better argument than the plight of the nurse practitioners whose training programs currently vary in length from three months to two years. Is not professional education specifically, if not single-mindedly, designed to prepare the practitioner for his later career? On learning my plight in having to prepare these remarks, my friend and co-worker, Bill Orluk, one of the physician assistants seeing patients for me today, just shrugged his shoulders. "Professional Education/Professional Practice," he said, "Poor correlation." Regarding the boundaries and the turf wars, if the ophthalmologists and the optometrists cannot agree on who should put which drops in whose eyes, somebody has to decide the issue on behalf of the public.

The concerns of the professional--whether professor or practitioner--can generally be trusted to be noble; but as Dr. Sorter has pointed out, they can be distressingly narrow. As an antidote, I would urge the Regents to tread carefully in its rulemaking but to use its considerable powers of persuasion to promote the teaching of students in practice sites and to encourage the periodic return of practitioners to the academy. Continuing education is mandatory but will probably be more successfully achieved if it does not have to be mandated by governmental edict. To assure the public of minimum professional standards, the State must continue to survey each program and indeed to review each candidate for professional licensure. To look at programs and candidates one by one, however, is not enough. For an entire generation, medical schools proceeded to turn out physicians in the image of their own staffs until hardly any modern graduates were trained or competent to practice general medicine--that is to say hardly any competent to practice in a rural area. Through its government, the public has an obligation to remind the professions of its needs.

Dr. Sorter is right. The best relation between professional education and professional practice is a passionate enduring embrace. The State and its Regents need also to join in that embrace in the same way that the porcupines manage it--very carefully.

Putting Testers to the Test: Relating
Professional Licensing Examinations to Practice
Raymond D. Salman

I feel a certain sense of irony in joining with you this morning. That sense goes beyond the pleasure of resuming relationships that were interrupted when I left Albany in July. The issue that I have been asked to address is one which many of you have discussed with me, or shared views with me for more than a decade. We have explored solutions to problems, sometimes before the problems emerged, as well as promises for the future. I feel the irony in being asked to assume this role with you collectively being no longer a member within the group, but in a very real sense as an outsider, and in fact, a southerner at that. I won't refer to myself as a Floridian yet, though in many respects having been there since July, may be more of one than many others. In fact, I find few who can lay claim to being "native Floridians." Most of my new colleagues and friends seem to be like myself, displaced Yankees. Very recently I heard an amusing comment from a local comedian, a young man who was remarking about having been born and raised in Florida. He claimed to be very frustrated because he had really nothing to look forward to. As he said, when native Floridians retire, there is no place to go! I've also discovered that you can't go back. In just the few months since my departure, programmatic advances and technical changes have come about so rapidly that it boggles my mind. Of course, I'm unwilling to consider that I may have been a deterrent to such changes. Rather, I feel they are the result of the special efforts of highly trained and capable Department staff, board members and professional society colleagues working in concert with dedicated lay persons, a total group of persons of whom the Regents may be justifiably proud. For your individual roles in that continuing effort, I commend you all.

My issue today is the relationship of credentialing examinations to professional practice. I intend to avoid as much as possible technical detail, but rather to discuss principles which I feel are fundamental to the role of the examination in a viable credentialing program, be it licensing, certification or registration. The same generalities in my view will apply to voluntary credentialing programs, where they exist.

I guess I should briefly attend to these differences. A statutory credentialing program is the kind of regulation each board member here today is involved in; it is a program established and regulated by a state law. To either practice a profession or use a professional title, or combinations of both, requires a credential established by

that law. To continue this over-simplification, a voluntary program is not authorized by a state law and is usually designed and controlled by a professional association. One may practice the profession, even use the profession's title, but only the person with the credential may claim whatever special skill or level of expertise that credential signifies. For example, nurses, psychologists, physicians and 27 other groups of practitioners in this State are authorized to practice by a statute, whereas others such as athletic trainers, bio-feedback therapists and electrologists may be credentialed if they choose, by their professional association, but that credential is not required by law for practice or the use of the title.

In statutory credentialing, the entry level into the profession is the responsibility of the state regulatory agency. (Salman, 1980) The credential is intended to signify to the public that the state considers the practitioner essentially to be safe to practice. I prefer to use the concept of the entry level practitioner being one that is "safe." I try to avoid using the term so regularly bandied about, "minimally competent." I really do not know how those words fit together. To me they are akin to a host of similar combinations George Carlin speaks about, like "jumbo-shrimp" and "slightly pregnant." While we all would like to feel that the initial credential, the first right to practice, carries with it a quality component, at best it is a loose implication. The best we can hope for under present systems is that our measures have weeded out those whom we think would be unable to practice safely. I think we are better at identifying those whom we feel are obviously unsafe for practice than to determine more precisely just which applicants are certainly the safe ones.

Responsibility for determining the standards for entering practice against which applicants will be measured belongs with the state regulatory authority. In New York State, it has been my experience that such standards are determined in cooperation with professional associations, but the fact remains that it is the ultimate responsibility of the State to adopt those standards which are in the public interest. The State may not abrogate that authority, nor may any independent agency arrogate that function to itself. To allow complete autonomy of the profession within a state program, as exists in some programs outside New York State, and of which there has been much criticism, particularly since the early 1970s, is to establish a situation described by Friedson (1970) that:

> The state uses the profession as its source of guidance, exercising its power in such a way as to support the profession's standards and create a sociopolitical environment in which the profession is free from serious competition from rival practitioners and firmly in control of its auxiliary workers. Within the state-protected environment, the profession has sufficient power of its own to control virtually all facets of its work without serious interference from any large group.

Within a voluntary credentialing agency, usually a professional society, entry-level standards are the function of the association itself. Since there is no restraint in the practice of the profession in such a system,nor limits on the use of the profession's title, it has been my opinion for some time that such programs often have entry-level standards higher than do many statutory programs. On the other hand, I have gained the impression that more and more statutory programs are determined to remove rapidly the unsafe or errant practitioner from their midst, than is true of some professional associations which tend to be far more cautious.

Regardless of the regulatory model, the credentialing program is typically made up of a three-legged creature, with one leg being education, the second experience and the third, examination performance. (Salman, 1979) In most cases, it is the professional examination that is the final qualification for credentialing, although more and more programs are allowing, even requiring, the passing of at least part of the examination before further professional education is undertaken or before supervised experience is obtained. Some models are emerging wherein other "mixes" are being either used or contemplated. This state of flux is a healthy sign. It is in sharp contrast today with the admonition given us by our former Commissioner Nyquist a number of years ago who remarked that many if not all of us favored progress, but that it was change we didn't like.

A variety of cogent issues emerge as one considers a professional examination program. While each is impossible to discuss in depth in this seminar, they include:

A) state vs. national examinations
B) conditions for examination use
C) what should the examination test for?
D) how should the examination be built?
E) what systematic review of the program is essential?

I am sure most of you can add significantly to these five, but bear in mind that each of these includes a host of sub-issues among which are:

1) how should the examination be scored?
2) how should grades be reported?
3) what security measures are necessary?
4) what are proper relationships to third-party testing services?

and the list goes on and on...

Because of their complexity, I will address only the issues of the examination itself, what it should test for, and add some comments on examination scoring.

If there was to be one single major concern I would want to express regardless of the length of any list we might generate, it would be that we be absolutely assured, as best we might be by our present state of the art, that the licensing examination is directly related to professional practice. The most commonly heard complaint from applicants is that such a relationship simply does not exist. So many applicants characterize the examinations as more related to their studies in the academic arena, and in fact not unlike tests taken while in school. Personally, I have heard that comment from as many successful candidates as failing ones, so it may not be dismissed as the cry of the wounded. In some professions requiring clinical application of skills before examination I have also heard how frequently those academic exercises and examinations failed to prepare the candidate for their clinical experiences. The new licensee who chooses not to simply accept his credential and avoid further contact with his state board, but rather to offer comment on the examination experience cannot be ignored. On the surface, at least, he has little to gain.

In addition to the practitioner population, the public too has a huge stake in the examination program. If our efforts are to ensure the public that the person whom we credential is expected to be a safe practitioner, we should also be able to assure that same public that what we have examined is the potential of the applicant to function as entry-level practitioners tend to do.

Unfortunately, over a period of many years, some licensing examinations, particularly those that were state board constructed, have failed to take into account this fundamental consideration. Many were developed and administered in the naive

faith that they "looked about right" to well meaning and fair-minded professionals. Typically, and not necessarily the New York State model, professionals, and more recently lay persons were appointed to regulatory boards as either highly qualified practitioners in the regulated profession or lay persons of renown in the community. Few, if any, were selected on the basis of skills in test construction or item writing. Even now, after years of concern for this area, few board members are selected who have even the most basic psychometric skills and who could lead a board in a meaningful analysis of test questions or a test as a whole. At the same time, there are many who need assistance in understanding the data provided by those with expertise in this area. New York Staters are fortunate in having a centralized agency with experts in this area, but within each board itself, the understanding of the data provided, and the analyses which result, whether introduced by the staff of the centralized agency or a third-party testing service must be understood clearly, together with their implications. A board should not accept without discussion or understanding a recommendation of a testing agency or service as it pertains to test construction or scoring. Provision must be made on each board for knowledgeable persons capable of dealing with those issues and able to lead the board in its examination deliberations.

Basic to the development of a licensing examination that bears a direct relationship to professional practice is the fundamental need for knowledge of what entry-level practitioners are expected to do, and in fact what they do in reality. It is essential that we bear in mind that a credentialing program at the outset focuses on the entry-level practitioner. The qualifications set for the issuance of an authorization to practice are geared to that level. What the practitioner does or does not do after entry is regulated by other statutory or regulatory mechanisms. The licensing examination is not intended to predict excellence in practice, or even that the practitioner will be competent or excellent five or ten years after entry into the profession. It would be wonderful if we had instruments available to do that job, but in my view, such just do not exist.

The first element therefore in the development of a viable licensing examination system is undertaking a comprehensive job analysis or role delineation study of the profession, particularly as it exists at entry level. A variety of techniques exist for this task, and more detailed information about the process is available in the literature or from experts, particularly those connected with most

testing services. I know of no reputable testing service that would undertake to develop a licensing examination system without first recommending the completion of a task analysis. Fundamentally, this process is designed to ascertain specifically what are the tasks that will be required of persons licensed in the profession. Any existing professional licensing examination that was developed initially without such an effort, or one which has been ongoing for some years without either a review or updating of its study is certainly suspect. There is simply no other means for the linkage of a licensing examination question to professional practice, or the preparation of a test blueprint unless the parameters of the practice of the profession are known. That process requires more than "face validity" acceptance by board members. The task analysis is intended to identify the skills, knowledge and behaviors required for entry into professional practice. Once that project is completed, or at the very least well under way, and those elements identified, it is the function of an examination committee to translate those needs into a test blueprint and ultimately into the writing of appropriate examination questions.

The complexity and enormity of this task is strong support for national as compared with state constructed examinations. Certainly a joint effort by either a consortium of states or an association of state licensing boards is better able, in terms of manpower and economics (among other issues) to carry out this function effectively. In the face of mounting criticisms of licensing examination programs, (Houle, 1977; Shimberg, 1977) many professions are moving forward with either validation efforts of existing programs, or the development of entirely new licensing examination programs based on the knowledge of the practice of the profession gained through an up-to-date job analysis. Regrettably, some programs in some professions exist wherein this effort has not been undertaken for years, if at all, or at the very least, the evidence that it has been done is lacking. It is my feeling that such programs are decidedly an endangered species. With the rapid growth of technology in the professions, few if any exist in which the parameters for practice and the expectations of the public do not change rapidly and markedly.

Examples of the recognition of this need are readily evident. Several years ago, nursing began what was to become a monumental task of role delineation. As a part of their study, more than ten thousand critical incidents common to nursing were collected and analyzed. These became the basis for identifying the skills and behaviors required for the safe practice of nursing. The first administration of the new professional licensing examination developed as an outgrowth of this effort will be in July of 1982.

Similarly, though using a different technique, architecture has undertaken a task analysis after becoming increasingly concerned for the validity of its licensing examination. The outcomes of that study will be evident in changes likely in that examination system in the years immediately ahead. Health educators, a group unregulated in most states, undertook a comprehensive role delineation study before even beginning to formulate a credentialing proposal or develop a licensing examination system. To give you some idea of the enormity of the project, that study was in its second year when I last had contact with their professional governance almost a year ago, and though nearing completion, consensus among some leaders in the field was still lacking. (Henderson, 1980)

A little known or used concept in undertaking a role delineation study or the building of the resulting examination takes into account issues of role conception and/or role discrepancy. Recent research (Pieta, 1976) has shown that frequently experts in the professions, unless either challenged or carefully directed, do not differentiate in their views of professional practice between what they consider the "ideal" for the profession, and what Pieta called the "actual," in a sense, the real world of practice. This potential for discrepancy has serious implications for professional licensing examinations, and I am troubled by the lack of attention it receives. If panels of experts in a task analysis or test development system are not aware of or tend to disregard their "mind set," serious deficiencies or discrepancies in test content might exist. For example, if a particular skill or behavior was identified by a panel of experts as essential for the practice of a profession and in reality was expert consensus as an operational "ideal" for the profession, yet in reality was unrelated to or unessential for the "actual" practice of the profession as it exists today, it could yield examination questions unrelated to professional practice. Hence, it is my view that some validation or careful structuring at the outset of the task analysis is essential to determine whether or not the skills, knowledge and behaviors determined to be required for beginning practice as a professional are in the minds of the analysts as the "professional ideal" or as is more necessary, represent the "actual" in the application to professional practice. Pieta has demonstrated that these differences exist and are measurable, and that we must be mindful of their implications.

A second major examination consideration in today's world must take into account how the test impacts on the applicant population. Federal guidelines have defined adverse impact as well as other parameters for examinations used for

employee selection. (Federal Register, 1979) Although the courts have not yet seen fit to apply these guidelines to professional licensing examinations, and for a variety of reasons I hope they never do, serious efforts to do so continue to be introduced in state legislatures each year as well as in Congress. Applying at least part of these guidelines, California recently entered a challenge to the nursing and psychology licensing examinations, as having adverse impact on certain groups. (Foltz, 1981) In the case of psychology, the State contended further that many examination questions were not relevant to an applicant's ability to practice. Incidentally, as most of you know, both of these examinations are national and the implications of the California case may be far-reaching. To continue with the challenge in psychology, the contention states that the relationship of test questions to what is required of students in an academic setting was certain, but that the profession had not yet proven that this bore any relationship to practice "...in a way that ensures protection of public health, safety and welfare...." The definition of "adverse impact" that was used in this instance is similar to that of the Equal Employment Opportunity Commission, the so-called "4/5ths" rule, defined "...not a legal definition of discrimination, rather it is a practical device...." (Federal Register, 1979) In practice, it means that for any protected group (race, sex or ethnicity), adverse impact exists when the passing rate of the group falls below 4/5ths of that of the group with the highest passing rate.

Certainly, the application of such a guideline has both political and psychological appeal to some, and is equally a problem to others. If a licensing examination is defensible, that is it is based on skills and behaviors expected of practitioners in the real world of practice, its validity has been tested, its scoring standards are appropriate (a matter I will discuss shortly), then it should be capable of being defended. (NCHCA, 1980) Admission to practice, regardless of race, sex or ethnicity should forever remain a matter of qualifications, and a function solely of whether or not the applicant has met appropriate standards and has been therefore determined as being likely to function in the profession in a safe manner. Issues of race, sex or ethnicity have no place in a viable and defensible examination system. Our only concerns must remain the protection of the public and the provision of safe practitioners, with admission to practice authorized for anyone who meets appropriate standards which can be measured in an unbiased manner.

Before I leave this subject, for those of you who are interested in learning more about how psychology is moving ahead to validate its national examination, I would suggest you read the excellent short paper on this subject written in part by Dr. Judy

Hall, the Executive Secretary of the New York State Board for Psychology. (Hall and Wertheimer, 1981)

Once an examination blueprint has been developed, and the possible need for emphasis on one or more skills or behaviors determined, a scoring mechanism can be developed for the examination system. The best examination becomes suspect if the scoring technique is flawed. Before any examination is even administered, a determination can and should be made as to the level of performance that should be demonstrated by an applicant if that person is to be considered a potentially safe practitioner. That point must be related to performance on the job, not to some other mythical standard determined after-the-fact of test administration and preliminary scoring. Any mechanism that forces a fixed percentage, or for that matter any percentage, even one that may change from year to year, to fail, is inappropriate and unwarranted. It frequently leads to the failing on any given examination of candidates who may have been safer in practice than others passed on another test administration. A number of years ago, professor Elton Rayack, an economist at the University of Rhode Island found evidence of how some boards manipulated pass/fail points for candidates, in relation to fluctuations in the economy. He found that for every occupation studied (12 skilled trades in four New England states), when employment was high, so were the passing rates on licensing examinations. Conversely, when employment rates declined, so did the percentages of applicants passed. He concluded that this could not, according to the data, have happened by chance. (Rayack, 1976)

I want to emphasize that I am not advocating extremes of either normative scaling or criterion referencing. I am only stating that whatever the pass/fail point on a given examination is determined to be, it must be determined prior to the examination administration and must be related to the performance on the job expected of the entry-level practitioner. (NCHCA, 1980) Furthermore, it must be supported by an acceptable rationale and must be defensible. Additionally, it must be consistent with levels established in the profession for comparable examinations. In theory at least, it should be possible for all applicants examined to pass if the minimum standard for safe practice is demonstrated. Of course, it is also theoretically possible under such a system for an entire group of candidates who cannot demonstrate the meeting of such a viable standard to fail. (Imagine the outcry if that latter condition ever materialized!)

It should be evident by this time that I am a strong supporter of national licensing examinations for reasons of economy, improving mobility of licensees, the potential for the larger group to build a defensible system, and so on. Note that I said I was a "strong" supporter. One has to be careful of adjectives used. I remember a former Commissioner being introduced to a gathering of athletic trainers and physical education people as a "warm athletic supporter."

The use of national examinations does not free the state board from any of its obligations in the examination area. It does reduce sharply the direct time commitments of board members to this area of service and frequently decreases the need for certain kinds of expertise on each board. However, there remain a number of concerns in their use that I feel compelled to address, based upon my many years of having worked in this area, and with national board groups.

I believe that the best possible system provides ownership of the national examination by an association of boards, such as the National Council of State Boards of Nursing in nursing, the American Association of State Social Work Boards in social work, the American Association of State Psychology Boards in psychology, and so on. This mechanism guarantees direct input of boards into examination development, security, scoring, reporting, and so on. It also means that all decision making remains within the professional board structure, in many states a legal necessity though frequently overlooked. It discourages the abrogation of authority by state boards, and the abuse of authority which unfortunately yet infrequently has been observed among more autonomous "national board" organizations. Although the organization of boards is accountable for all examination issues, I have observed even within this system remarkable breaches of good examination practices and procedures. This is a reminder to each board member that being a partner in such an association is no guarantee of the enforcement of proper procedures. Each member board must be involved, diligent, aware of the major issues and an active participant in all affairs of the association.

There is no room in a viable program for breaches of uniform testing dates, incorrect reporting of grades, variations among states of the definition of a safe practitioner by altering pass/fail points, re-use of examination forms and the like. You cannot be uninformed of the inner workings of your test service. They are your servants, and you must remain the masters. Each professional board must have access through some secure mechanism to the test blueprint, the form of the

examination being used including the right of review, and the technical information about scoring. Unless every jurisdiction agrees to the scoring formula, the final determination of pass/fail and the notification of that fact must remain a function of the board, and not be assumed by or delegated to the testing service, unless that service is willing to accommodate each board individually by tailoring its system to their needs, which many are not only capable of doing, but on request are usually eager to cooperate. Additionally, whether the system is national or state constructed, it must not be compromised by allowing the licensing by some other means of persons who have failed the examination. Once lack of safety is demonstrated by failure on the examination, a candidate should not be admitted to practice until that examination has been completed successfully.

In the years ahead, this area will be one that will require you to be most creative and use all existing powers of critical thinking. Be on guard, however, that the demand for critical thinking can sometimes lead to strange conclusions. Dr. Alexander Calandra has told a most delightful story about such circumstances. (Calandra, 1964)

It seems that Calandra some time ago, received a call from a colleague who asked if he would be the referee on the grading of an examination question.

It seemed that his colleague was about to give a student a zero for his answer to a physics question, while the student claimed he should receive a perfect score and would do so if the system were not set up against the student. The instructor and the student agreed to submit this to an impartial arbiter, and Calandra was selected.

He went to his colleague's office and read the examination question which was, "Show how it is possible to determine the height of a tall building with the aid of a barometer."

The student's answer was, "Take the barometer to the top of the building, attach a long rope to it, lower the barometer to the street, and then bring it up, measuring the length of the rope. The length of the rope is the height of the building."

Now, this is a very interesting answer, but should the student get credit for it?

Calandra pointed out that the student really has a strong case for full credit, since he had answered the question completely and correctly.

On the other hand, if full credit were given, it could well contribute to a high grade for the student in his physics course. A high grade is supposed to certify that the student knows some physics, but the answer to the question did not confirm this.

With this in mind, Calandra suggested that the student have another try at answering the question. He was not surprised that his colleague agreed to this, but was surprised that the student did.

Acting in terms of the agreement, they gave the student six minutes to answer the question with the warning that the answer should show some knowledge of physics. At the end of five minutes, he had not written anything.

Calandra asked if he wished to give up, since he had another class to take care of, but he said no, he was not giving up. He had many answers to this problem; he was just thinking of the best one. Calandra excused himself for interrupting him, and asked him to please go on.

In the next minute, the student dashed off his answer, which was:

"Take the barometer to the top of the building and lean over the edge of the roof. Drop the barometer, timing its fall with a stopwatch. Then, using the formula, $S=\frac{1}{2}at^2$ calculate the height of the building."

At this point, Calandra asked his colleague if he would give up. He conceded.

In leaving his colleague's office, Calandra recalled that the student had said he had other answers to the problem, so he asked him what they were.

"Oh yes," said the student. "There are many ways of getting the height of a tall building with the aid of a barometer. For example, you could take the barometer out on a sunny day and measure the height of the barometer, the length of its shadow, and the length of the shadow of the building, and by the use of simple proportion, determine the height of the building."

"Fine, and the other?"

"Yes," said the student. "There is a very basic measurement method that you will like. In this method, you take the barometer and begin to walk up the stairs. As

you climb the stairs, you mark off the length of the barometer along the wall. You then count the number of marks, and this will give you the height of the building in barometer units. A very direct method.

"Of course, if you want a more sophisticated method, you can tie the barometer to the end of a string, swing it as a pendulum, and determine the value of 'g' at the street level and at the top of the building.

"From the difference between the two values of 'g' the height of the building can, in principle, be calculated."

Finally he concluded, "If you don't limit me to physics solutions to this problem, there are many other answers, such as the best one. That is taking the barometer to the basement and use it to knock on the superintendent's door. When the superintendent answers, you speak to him as follows: "Dear Mr. Superintendent, here I have a very fine barometer. If you will tell me the height of this building, I will give you this damned barometer."

The years ahead are going to be ones of stress, uncertainty and creativity in the licensing arena. New examination techniques are being developed and tried almost daily. New testing organizations are emerging with bold new ideas about assessment while existing ones exercise exciting initiatives to bring about desired and necessary change. In the final analysis, you must be the ones to take heed of what you may read and hear, consider each critical point and accept those pieces that are meaningful to your own programs and differing organizations. You will need to be prepared to make changes rapidly as professional and societal needs change. Those of us in roles like mine here today may only advise. Your role is to make the decisions.

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Comments: Laurie M. Maurer

When I was asked to act as commentator for Ray Salman's remarks, I was not certain as to which hat I should wear.

Should I respond as a practitioner who went through the licensing process here in New York twenty years ago? In that case, I would say that I was certainly glad to know that the exams will no longer be seen as fraternity hazings, clothed in myth and mystery. I would be pleased that rumors of quotas or fixed percentages of passing candidates would finally be dispelled and that the tests would now be bearing an apparent and logical relationship to the practice of architecture. But I would also say that I was sorry that I was too old to benefit from these changes.

Should I respond as a member of the New York State Board for Architecture? As a Board member for eight years, I would say that I was pleased that others are now talking about issues with which our Board has been struggling for several years. I would certainly say that I was pleased that we were being asked to discuss these issues before the spectre of "sunsetting" is upon us and that, here in New York, we were being encouraged to review our examination standards and take steps to be certain that we are administering the fairest exam possible. And I would have to say that I was awed to hear that Board members should be willing to accept the responsibility for our professional exams and become intelligent users of testing services, for these are indeed two large responsibilities.

But it is as an architect who recently served on a national committee which undertook a two-year practice analysis and examination study of architecture that I can really relate to Dr. Salman's talk. Because the process and concerns we were involved with follow so closely Dr. Salman's points, I would like to describe the Committee's process and share some reactions with you.

By way of background, the New York State Board for Architecture has been a member of the National Council of Architectural Registration Boards (NCARB) since NCARB's founding in 1920. For sixty years, our state, through its architectural

registration board, has worked with other states to provide reciprocity within the architectural profession. And, since 1968, we have administered, along with 54 other states and jurisdictions, a uniform national examination.

The current form of our examinations is now 8 years old and over the past several years, NCARB was faced with both internal and external questions and concerns about it. Two states, first Wisconsin and then California, had had the examination questioned by their respective state governments. The boards of several other states, ours included, had voiced both large and small concerns about the tests. As a result of these forces, NCARB decided to undertake a "task analysis" and "validation study."

The method used was as follows: an eight-person committee was formed, elected from the NCARB regions, plus 6 alternate delegates and one full-time staff person. And, the first order of business was to retain an advisor or "guru" in order to help us become familiar with an entirely new world. We were fortunate in retaining the services of Christopher Jencks, formerly of Harvard and currently at Northwestern, who was of invaluable assistance to the group.

The committee's charge was divided into three parts:

1. The assessment of the current practice of architecture.
2. The determination of the requisite knowledges and skills needed to perform the practice.
3. An assessment of the present examinations based on the above information.

In order to get on with the first part, the Committee drew up an RFP which was sent to several dozen possible consulting firms. Screening and an interview procedure led the Committee to retain the services of McManis Associates of Washington, D.C.

Among the issues we discussed with our consultants, before deciding on a method for surveying our profession, were:

1. The recognition that architecture was not a "task" or a "job" and therefore our study could not make direct use of most existing instruments for job study.

2. The fact that our Boards are charged with protecting the public health, safety and welfare; but for architects there are two publics: the clients who retain us and the public who uses buildings, and the concerns of these two publics are not always identical.

3. The need to identify "minimum competency," words which greatly irked the committee because of their "low level" connotation: In fact, we began to use the words "functionally adequate" just to avoid the other loaded words!

4. We did need to identify an entry level of practice since that was the point at which we test.

5. In order for our study to be acceptable to all states, it needed to be national in scope, with a reasonable number of respondents from each state participating.

6. We were well aware of the fact that we had serious time and money constraints and that even if we did not, we needed to consider the willingness and endurance of our colleagues who would be participating in our study!

After much discussion of available techniques, it was decided to use a mail survey to 12,000 registered architects, roughly 20% of the total population. Following several tests, the final survey instrument consisted of three parts:

1. Demographic Data

We needed to know who our respondents were, age, location, etc.

2. Identification of Services Performed

Those which were frequently performed during an entire career, not a specific time period and further identified as to those the architect saw as being important to the client and/or important to the public.

3. Identification of Knowledges and Skills

The architect was asked to select, from an extremely comprehensive and lengthy list, those knowledges and skills thought to be important to know as an architect.

We had a response of 3,800 usable surveys, which, as we understand it, was an extremely good number. Using these responses, McManis Associates was able to help us identify 38 important services, 29 knowledge areas and 4 skill groups.

In addition to the survey of our colleagues, the committee felt it important to try to discover how clients viewed the profession. Two user panels were convened, one from the public sector and the other from the private sector. During all day sessions, McManis Associates led discussions and received answers to various questions from these groups. These data were used, in conjunction with data from the architects' survey, in arriving at the final listing of services and knowledges.

An additional architect panel was convened in order to relate the knowledges and skills identified by survey respondents to each of the services designated as important. In addition, sub-areas of knowledge and degree of accomplishment required in each area were noted. We then were able to produce a usable matrix which could identify, by each service, the knowledge required and the skill used to apply that knowledge, and which should be the basis for an architects examination.

Armed with this information, we were now ready to assess our present examination, and decided to approach this part of our study in two distrinct parts. One part would be a study of the content and the second a review of the examination methods used.

For the content evaluation, the committee again retained the firm of McManis Associates. For the method study, National Evaluation Systems of Amherst, Massachusetts was employed and asked to provide us with a study of possible test techniques for assessing competence in each service area.

Following receipt of these two consultants' reports, the NCARB Committee was then in a position to make rather specific recommendations with respect to our examination and process and they were:

1. Base the examination on a revised test domain.

At the present time, our exams measure knowledges only and few skills. Future exams should require specific demonstrations of competence in knowledges and skills related specifically to architectural services, and these are to be expected to change as the profession changes.

2. Be a criterion-based examination.

At present, we have essentially a normative examination but we recommend that specific achievement be required in each designated area of importance which would not be affected by averaging or group performance.

3. Use appropriate test methods.

Presently, we use machine graded multiple choice and graphic methods. We should explore others more appropriate for testing in the context of services.

4. Develop an on-going process of evaluation.

Now, we do not have any formal process of re-evaluation but one is clearly needed in order to have any long-range plan and to avoid a crisis situation.

5. Use consultants.

At present our only consultant is the testing service which actually writes the examination. We most definitely need advisors who can make us intelligent consumers of their services.

The results of our two-year study have, at this point, been turned over to NCARB's other committees for implementation. We know the process of change has started but the time frame is still unclear.

The Committee also had a few informal conclusions:

1. That our two-year time period was much too short.

2. That psychometrics is a new field, one which is constantly changing and is not very precise, despite images to the contrary.

3. That the product we evolved is not elegant but is quite workable; we could spend much more time (and money) in refinements and modifications.

In closing, I would like to express a few thoughts from the whole "me," as it were:

First, it is apparent that we are no psychometricians; we are architects or pharmacists or whatever else we may be. We need assistance from experts in both understanding language of psychometrics and options currently available and in verifying decisions we might make in these areas. The Department should provide professional boards with on-going, regular assistance in these areas so that each Board can become an intelligent client and/or participator.

Second, to my mind, participation in a national organization is clearly a double-edged sword. The benefits are obvious: reciprocity between states; uniformity of examination and other professional standards; pooling of resources. But there are many problems as well. Often, one state's concerns must be subjugated to the concerns of the whole country's. The problems facing large states, like ours, are frequently passed over in favor of convenience to small states. Decisions are made by the national group which may adversely affect the registrants in our state.

Because of problems such as these, it is vital for Boards to have full participation in the national organization on all levels. This requires that many Board members (not only one) be funded for travel to regional and national meetings so that we can have an effective voice in the organization.

Finally, through my years of involvement with NCARB and its member states, I learned that we, in New York, are lucky. Licensing is taken seriously in this state and this is not always the case elsewhere. We have a dedicated staff which handles the large bulk of the job to be done and this leaves the Boards free to

discuss larger issues, such as the ones talked about here today. Few states discuss the future along with the present; the individual's needs along with the group's; the theory of licensing along with the practice.

We can be proud to be part of this system.

Professional Regulation in the Age of Deregulation:
Licensure or Voluntary Action for Public Protection?

Dennis Falk

I find it interesting that I have been asked to come from Washington to New York to speculate upon what the future has in store for credentialing of the professions. Certainly, my educational preparation, and my initial work experiences in this state led me to believe that I would periodically have to renew my energies by returning to New York because, after all, this is where things happen first. Whether it be an innovative organizational structure, commitment of resources to social programs, creative public-private partnerships for developing the waterfront, organizing health services, economic crises or regulating the professions, the solutions tried in New York should within the decade be broadly applicable to the national experience. However, you have invited me to speak on the topic "Professional Regulation in the Age of Deregulation - Licensure or Voluntary Action for Public Protection." Allow me therefore to begin with a brief review of licensure and the genesis of the Commission which I direct.

Licensure in essence is recognition by the state of a profession's right to restrain trade. In so doing, the profession--which in most cases already controls the educational process--has now achieved its ultimate objective: state acknowledgement that members of that profession are the only individuals permitted to perform certain functions. Once practice control has been achieved, pro-competition initiatives such as those presently being considered for the health industry by the Department of Health and Human Services and OMB in Washington, will have limited impact. In a voluntary system of credentialing, individual consumers have the freedom of choice in selecting the most appropriate provider for their clinical condition. However, once the state has licensed a profession, non-licensed practitioners cannot enter the field without breaking the law. Because licensure offers the protections and guarantees of a franchise or monopoly, its proponents have rarely if ever been the public. Licensure is a level of recognition won by the professions after intensive lobbying, the expenditure of considerable sums of money, and active if not relentless pressure on the political system.

Registration, a second level of regulation, provides to the profession many of the protections and recognitions of licensure without going so far as to prescribe the scope of practice. Registration is most frequently time-limited, and entails formal governmental recognition of a title. Registration may also be conducted by a non-governmental agency, which may merely include an individual's name within a listing of individuals who have met certain pre-determined criteria. Registration does not in any way attest to an individual's competence.

Certification may be conducted by either a governmental or private-sector agency. Certification, however, involves the explicit evaluation of an individual's competence, and the attestation thereto through some evaluative process generally using, at least in part, a written examination. Organizations that have met the standards of the National Commission for Health Certifying Agencies have demonstrated substantial compliance with the 51 membership criteria currently promulgated by this private-sector, standard-setting organization. These criteria go to the heart of a certification program by addressing:

1. The purpose of the certifying agency

2. The structure of the certifying agency:
   - A. Is it non-governmental?
   - B. Is it national in scope?
   - C. Is it administratively independent from the profession?
   - D. Is there representation of the discipline being certified?
   - E. Are there prohibitions against self-selection and self-perpetuation of Board members?
   - F. Is there representation of the public/consumers on the Board?
   - G. Is there independence from the accreditation process unlike the process used by the Board of Regents?

3. Resources of the certifying agency:
   - A. Are they sufficient to conduct the total program?
   - B. Is the staff competent in the areas of program management or capable of retaining and evaluating consultants?

4. Evaluation mechanisms:
   A. Are they objective, fair and valid?
   B. Is there a policy of periodic review of examination procedures?
   C. What policy exists with respect to procedures for examination security?
   D. Agencies must demonstrate that pass/fail levels are set in a manner generally accepted in the psychometric community.
   E. Agencies must document attempts to establish reliability and validity.

5. Public information
   A. Shall publish a document outlining responsibilities
   B. Shall describe publicly test construction and validation procedures
   C. Shall publish an outline of the examination content
   D. Shall publish a summary of certification activities

6. Responsibility to applicants
   A. Shall not discriminate
   B. Shall provide copies of formalized procedures for application and attainment of certification
   C. Shall have a policy of periodic review of applications and procedures
   D. Shall publish eligibility requirements
   E. Shall assure competent proctoring
   F. Shall provide justification for eligibility requirements; and specifically provide mechanisms for informally trained individuals to demonstrate their competence
   G. Shall report results promptly
   H. Shall offer information to failing applicants about areas of deficiency
   I. Shall hold results confidential and release specific scores only with the expressed approval of the applicant
   J. Shall maintain appeals procedures

7. Responsibilities to the public and employers
   A. Shall measure knowledge associated with entry and/or advancement
   B. Shall award certification only after skill and knowledge are demonstrated - <u>no grandfathering</u>

C. Shall publish a list of certificants

8. Recertification
   A. Shall have in existence or shall be in the process of developing a plan for periodic recertification
   B. Any recertification shall be designed to measure continued competence or enhance continued competence

As you can readily note - these criteria rigorously applied may reflect a standard of performance often higher than those reflected in licensing standards or board procedures.

I am supposed to be a futurist in today's discussion. These are times of extraordinary change in Washington and I presume in state capitals as well. Traditional scopes of authority and areas of responsibility are revised to reflect changing governmental philosophy and economic reality. States perhaps more than ever before must review the consequences of their decisions to license particular professions or occupations. Included within this review must be an assessment as to the direct and indirect costs of such decisions as well as the limited practice opportunities that result when the public demands a non-competitive environment. We must also recognize that as litigation pervades all aspects of our society, the defensibility of positions and processes affecting an individual's right and ability to work may become the basis for such litigation.

While I realize this audience is not composed of legislators but rather those charged with the responsibility of implementing legislative initiatives, it is essential that we acknowledge our accountability to the public as we recognize an individual's right to practice by evaluating skills, cognitive knowledge and, if possible, ability to apply that knowledge. To fulfill this charge is not an effort which can be changed easily. It requires intensive revision in both the public and private sector. The question that I am posing is - can the objective of public protection and benefit more readily be achieved through non-governmental auspices, or is the active participation of government an absolute requirement. I would submit the former is readily achievable and

that the government can fulfill its obligations to public protection, cost containment, a competitive practice environment, and freedom of choice, through cooperation with the private sector rather than duplication of private sector efforts.

Two areas, discipline and continuing competency assurance - relicensure - recertification come immediately to mind as cases in which the private-public partnership may not only be tested but found to be mutually beneficial. In each, one of the parties has had particular expertise and understanding of the issues, although not a significant record of achievement. States for a far longer period than the private certifying agencies have attempted to impose sanctions upon errant practitioners. Unfortunately, the record of achievement in this area has failed to meet public expectations or demand. Formalized disciplinary proceedings leading to license removal, have been reserved for only the most flagrant instances of abuse of privilege although it has been widely acknowledged that more aggressive actions on the part of licensing boards would be well received by the public and practitioners alike.

The state, given its statutory authority, is perhaps in a more protected position to take necessary action in these areas, but has failed to do so for a variety of political, social and economic reasons. The 1980 restructuring of the disciplinary function by the Regents and creation of the Office of Professional Discipline should be watched carefully. Private credentialing agencies have been wholly negligent in this area and have refused to even address discipline and enforcement. The National Commission believes that the climate is now right to inaugurate activities which would lead to the development of appropriate criteria and guidelines for all private sector certification bodies as they relate to discipline and enforcement, and we invite participation of the states, employers, regulators, legislators, insurers, practitioners and consumers in formulating standards which are fair, defensible and in the public interest.

Not unrelated to the issue of discipline and enforcement is the benefit to be achieved on behalf of the public by inaugurating programs to assure the continuing competence of practitioners. I would have expected New York State

to be in the vanguard of those governmental authorities attempting to deal forthrightly with this issue. Representative Siegel in discussing this issue earlier chose to equate discipline and continuing competency. While related, we consider one to be pro-active and the other reactive. I am, however, somewhat chagrined to find that New York has not taken action as yet. Since the early stages of the evolution of the National Commission in the 1970s, continuing competence has been recognized as one of the central issues in health occupations credentialing. Legal pressures, equal employment opportunity and antitrust laws are forcing the private sector to gear all standards relating to employment and career mobility to only those mechanisms which have been proven valid. A standard of competence based on outdated achievement is inconsistent, therefore, with current legal trends. It is, therefore, the responsibility of the private-sector to act to promote both continuing and entry-level competence in the interest of improvement in the health care system.

Commentators on professionalism have stressed in recent years the imperative that health professionals act throughout their careers to keep their knowledge and skills current in an era of exploding change in health care technology. This imperative poses fundamental questions to licensing and certifying authorities. In 1980 Cyril Houle, a senior program consultant at the W. K. Kellogg Foundation and professor emeritus of education at the University of Chicago, recommended in his book, Continuing Learning in the Professions, that the processes of re-credentialing should be thoroughly rethought and redeveloped to determine the appropriate role of continuing education. This recommendation reflects the emergence of recredentialing as a sturdy twin of credentialing and further points out the inevitable link between recredentialing and continuing education.

Although many professionals are inclined to think of recredentialing and continuing education as the same, the validity of this is increasingly being questioned. Indeed, the consensus is that continuing education, however firmly it underlies continuing competence, is not by itself a mechanism for assuring continuing competence. Imposition of continuing education requirements, unless they are carefully conceived and rigorously analyzed, may not sufficiently protect the public's need for continued competence on the part of health care

professionals. I note with interest the lack of action by the Regents as well as the New York State Legislature since the convening of this conference in 1977 which addressed the issue of continuing education, presumably as a vehicle for assuring continuing competence. While the state has fortunately not supported mandatory continuing education it has similarly not taken the initiative in promoting movement towards developing a viable solution to this problem. The state of Michigan, not necessarily known for its enlightened approach to resolving health care and/or regulatory problems passed, in 1978, a complete revision of its state health code requiring that all licensed health professionals have their competency reassessed no less frequently than every six years. This statutory provision, to be effective in 1984, has not met with the overwhelming support of the presently regulated professions. Nonetheless, significant progress is being made in that state, and with member organizations in this Commission by reviewing the various approaches which may in fact be considered for recertification in order that the state-of-the-art as well as the state-of-the-practice be advanced. The National Commission for Health Certifying Agencies was privileged to have your past director of professional licensing, Ray Salman, address our 1979 annual meeting and propose an approach which combines self-assessment, continuing education, and skill enhancement--which after all is what we are all concerned about. I suspect Dr. Salman's proposals continue to be circulated within the labyrinth of New York state government, and perhaps some day will emerge at least in part incorporated within a legislative initiative, perhaps even incorporated into a legislative package to be advanced by the Regents. In formulating the National Commission's position on this issue and offering recommendations to its membership we arrived at the following assumptions:

ASSUMPTIONS

1. Recertification is a subsystem of health care quality control. Credentialing in the health care network is a quality control system that includes institutional accreditation, occupational licensure by government agencies, and occupational certification by voluntary agencies. A diversity of systems and subsystems is used precisely because none of them is perfect. Recertification is a subsystem of re-credentialing and is designed to provide assurance that the skills and knowledge of health care practitioners are sufficiently up-to-date.

This assurance should benefit consumers, employers, third-party payers, government authorities, and practitioners themselves. But recertification is by its nature voluntary and need not be legally required for an individual to continue in practice.

2. Continuing competence assurance is necessary. Health care technology and academic knowledge are advancing too fast for a certificate of competence earned at the beginning of one's career to constitute proof of competence many years later. Demonstration of continuing competence is as reasonable and necessary as is required demonstration of entry-level competence.

3. Continuing competence has not always been the basis for granting recertification. For example, continuing education may be seen as necessary to continuing competence, but is only one of several indices that can be used in establishing recertification requirements. Differences between continuing competence and recertification suggest two alternative ways of regarding the continuing competence-recertification nexus. One way is to presume that the continuing practitioner should be held to the same standard--that is, be required to demonstrate equivalent skills and knowledge--as the entrant to a profession. The other way is to presume that the continuing practitioner should be held only to a standard specifically relevant to the individual's scope of work, so that the continuing practitioner need be competent only in his or her actual area of practice.

4. No single credentialing technique currently may be considered universally valid or automatically superior to all other techniques. Among techniques currently being explored are mandatory and voluntary continuing education, readministration of entry-level examinations, development of mid-career examinations, proficiency testing, practice audit and other forms of peer review, portfolios, in-basket or simulation exercises, and self-assessment. Other techniques soon may emerge, and combinations of them are likely to gain currency. Each profession must adopt techniques suitable to its unique needs. Research has begun to show that certain techniques are valid--that is, actually assure continuing competence as measured objectively--in certain contexts or for certain purposes. However, more research must be done.

5. The recertification process should be designed to identify and shore up areas of individuals' competence to practice. Recertification that serves only as a screening mechanism either would be used too little to pervade a profession or would be too lax to hold practitioners to a meaningfully high standard. In other words, recertification used only as a screen would be excessively burdensome if truly voluntary in effect. Instead, recertification should be a three-part process of (a) identifying strengths and weaknesses, (b) correcting the weaknesses, and (c) certifying that the weaknesses have been corrected.

6. Standards or guidelines for recertification should be flexible enough to be met by reasonably prudent certifying agencies. Overregulation should be avoided through unreasonably technical requirements, overly precise and rigorous data submission requirements, and standards that are beyond the reach of most elements of the certification community.

7. Under Commission membership criteria, continuing education requirements would comprise a permissible method of recertification. The criteria do not in any way suggest that continuing education requirements are impermissible. The criteria so define 'recertification' that a program can be based on continuing education. However, certifying agencies should recognize the limitations of continuing education requirements.

Consistent with these assumptions the Commission recommendations for a recertification program are:

1. The continuing competence assurance system should promote education through the duration of one's professional life.

2. The system should use meaningful incentives rather than unrealistically harsh sanctions or requirements so easily met as to be insignificant.

3. Certification of continuing competence should provide employers, third-party payers, health care providers, and the public some valid, reliable indication of an individual's areas of continuing competence.

4. The system for assuring continuing competence should be justifiable in economic terms.

5. Requirements must be acceptable to the professions.

6. Credentialing programs should be updated periodically in terms of practice domains.

7. The system should incorporate and encourage improvements in the technology of measurement and evaluation.

8. Continuing competence assurance should be linked to disciplinary programs.

I hasten to note that these recommendations were formulated by a task force comprised of state regulators, private-sector standard setters, representatives of professional organizations, educators, and staff of national certifying agencies. In addition to the National Commission, the American Board of Medical Specialties is committed to developing programs for recertification for their constituent organizations. Why is it that the states have been so reluctant to enter this arena? Perhaps the impending oversupply of practitioners will enlist the support of the professions in initiating programs to assure the continuing competence of practitioners. The New York State Board of Regents, has, apparently through its oversight authority, the ability and some could argue the responsibility to offer the Legislature substantive recommendations for changes in licensing/regulatory practices in New York state. Such recommendations might include the recognition of private-sector credentialing when it can be identified that such efforts are even more rigorous than those applied by the state, and development of programs for recertification similar to the Regents activity concerning development of programs focusing upon malpractice, misconduct, and corrective enforcement of the errant practitioner. Although private-sector organizations are often political entities unto themselves, the potential exists for these organizations to react to change far more rapidly than a bureaucracy. The economic and political realities of 1981 support deregulation whenever possible. State governments should no longer assist the insurance industry with their practice of denying reimbursement to unlicensed practitioners by giving clear notice that licensure will be reserved both prospectively and retrospectively for only those professions where practice control is absolutely necessary. Current practice permits licensure to be a primary criterion for reimbursement although the effect of this policy may be to further restrain trade.

The topic assigned to me was "Professional Regulation in the Age of Deregulation." Recent events may cause one to believe it is an age of changing regulation, not deregulation. Executive Branch policy is not always consistent with Congressional action--even in this Congress. As you may recall, the Budget Reconciliation Act includes the Radiation Safety Health Act of 1981 which creates de facto licensure for Nuclear Medicine Technologists, Dental Assistants, Dental Hygienists, Radiologic Technicians and Medical Sonographers. This achievement is a result of extraordinary political pressure. Court interpretation of private sector standards is, however, equally important and we call your attention to ASME v. Hydrolevel Corporation, a challenge to private-sector standard-setting currently before the Supreme Court. The case, argued on January 13, 1982 will be decided during the Spring 1982 Term of the Court. The issues addressed in the suit are so basic that the decision may affect the structure and purpose of private standard setting practice.

The state's concern, either through public or private agencies, must continue to be to assure the public that individuals permitted to practice a profession possess the skills, knowledges, and abilities necessary to safely practice that profession at an entry level. Certification may, as I have indicated, be awarded at either that same entry level or at an advanced level. The system must be responsive to consumers, employers, the professions, educators, and practitioners. In so doing, the credentialing process, whether it be licensure, certification, or registration, must be reflective of the realities of practice. Short of achieving this objective, we will undoubtedly find ourselves embroiled in litigation involving all aspects of our manpower regulatory activities.